Image# 29993319869 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)								
Mr. Glenn Thompson								
(b) Address (number and street)	☐ Check if address changed				2. Identification Number			
602 Walnut Street						H8PA05071		
(c) City, State and ZIP Code	D.4		10044		3. Is This Statemer	nt X New		
Howard 4. Party Affiliation	PA 5. Office Sought		16841		strict of Candid	(14)	OR (A)	
REPUBLICAN PARTY	House			PA 05		Jaic		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby designate the following name	d political committee	e as my Pri	ncipal Camp	aign Committee		year of election	election(s). n)	
NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full)								
Friends of Glenn Thompson								
(b) Address (number and street)								
PO Box 1112								
(c) City, State and ZIP Code								
State College	PA		16	8804				
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.								
NOTE: This designation should be	filed with the princ	праг сатр	aign commi	ttee.				
(a) Name of Committee (in full)								
(b) Address (number and street)								
(c) City, State and ZIP Code								
I certify that I have exa	amined this Staten	nent and to	the best of	my knowledge	e and belief it i	s true, correc	et, and complete.	
Signature of Candidate					Date			
Mr. Glenn Thompson					11/13/2009			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.								

FEC FORM 2 (REV. 02/2009)